



*Interstate Telcom Consulting, Inc.*

Independent Telecommunications Consultants

DOCKET FILE COPY ORIGINAL

October 21, 2013

Ms. Marlene H. Dortch  
Office of the Secretary  
Federal Communications Commission  
9300 East Hampton Drive  
Capitol Heights, MD 20743

Received & Inspected  
OCT 23 2013  
FCC Mail Room

Re: WC Docket No. 10-90: Form 481 - Annual Reporting Requirements for High-Cost and Low Income Recipients

Pursuant to Section 54.313 and 54.422 of the Federal Communications Commission's rules, enclosed is a redacted version of Form 481 Annual Reporting Requirements and Certifications for Christensen Communications Company, Study Area Code 361425. Christensen Communications Company is a state-designated ETC, and as such, is submitting to the Commission information from FCC Form 481. A confidential "Trade Secret" filing of this information was also made.

Should you have any questions, please contact me via e-mail at [roxih@interstatetelcom.com](mailto:roxih@interstatetelcom.com) or by phone at 320/848-6641.

Sincerely,

Roxi Hacker  
Regulatory Consultant

Enclosures:

Cc: Andy Hennis

No. of Copies rec'd 0+1  
List ABCDE

**FCC Form 485 - Carrier Annual Reporting  
Data Collection Form**

 FCC Form 485  
OMB Control No. 3001-1046/OMB Control No. 3001-1046  
JULY 2013

<010> Study Area Code 361425  
 <015> Study Area Name CHRISTENSEN COMM CO  
 <020> Program Year 2014  
 <030> Contact Name: Person USAC should contact with questions about this data Roxanne Hacker  
 <035> Contact Telephone Number: Number of the person identified in data line <030> 320-848-6641  
 <039> Contact Email Address: Email of the person identified in data line <030> roxih@interstatetelcom.com

 Received & Inspected  
 OCT 23 2013  
 FCC Mail Room

**ANNUAL REPORTING FOR ALL CARRIERS**

 54.513 Completion Required  
 54.422 Completion Required

		(check box when complete)	
<100>	Service Quality Improvement Reporting (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200>	Outage Reporting (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report		
<300>	Unfulfilled Service Requests (voice)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310>	Detail on Attempts (voice) (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330>	Detail on Attempts (broadband) (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed 0.0		
<420>	Mobile		
<430>	Number of Complaints per 1,000 customers (broadband)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440>	Fixed		
<450>	Mobile		
<500>	Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	361425MN510Christensen (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	361425MN610Christensen (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710>	Company Price Offerings (broadband) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800>	Operating Companies and Affiliates (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/> (if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000>	Voice Services Rate Comparability (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> (if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000> (check to indicate certification) ☒ ☒  
 <2005> (complete attached worksheet) ☒ ☒

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000> (check to indicate certification) ☒ ☒  
 <3005> (complete attached worksheet) ☒ ☒

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	361425
<015>	Study Area Name	CHRISTENSEN COMM CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Roxanne Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	320-848-6641
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetel.com.com
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no ) <input checked="" type="radio"/> <input type="radio"/> (yes / no ) <input type="radio"/> <input type="radio"/>
<111>		

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

# Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

**July 2013**

<010>	Study Area Code	361425
<015>	Study Area Name	CHRISTENSEN COMM CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Roxanne Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	320-848-6641
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxinh@interstatetele.com

[illegible]

(700) Price Offerings including Voice Rate Data  
Data Collection Form

<010>	Study Area Code	361425
<015>	Study Area Name	CHRISTENSEN COMM CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Roxanne Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	320-848-6641
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelecom.com

1/1/2013
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<701> Residential Local Service Charge Effective Date	1/1/2013
<702> Single State-wide Residential Local Service Charge	

[illegible]

(710) Broadband Price Offsets  
 Data Collection Form  
 FCC Form 481  
 OMB Control No. 3045-0086/OMB Control No. 3045-0019  
 July 2013

<010> Study Area Code 361425  
 <015> Study Area Name CHRISTENSEN COMM CO  
 <020> Program Year 2014  
 <030> Contact Name - Person USAC should contact regarding this data Roxanne Hacker  
 <035> Contact Telephone Number - Number of person identified in data line <030> 320-848-6641  
 <039> Contact Email Address - Email Address of person identified in data line <030> roxi@interstatelcom.com

State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select )

[illegible]

**(900) Tribal Lands Reporting Data Collection Form**

FCO Form 481  
QMB Control No. 30600986/QMB Control No. 50600819  
2 July 2013

<b>&lt;010&gt;</b>	Study Area Code	361425	
<b>&lt;015&gt;</b>	Study Area Name	CHRISTENSEN COMM CO	
<b>&lt;020&gt;</b>	Program Year	2014	
<b>&lt;030&gt;</b>	Contact Name - Person USAC should contact regarding this data	Roxanne Hacker	
<b>&lt;035&gt;</b>	Contact Telephone Number - Number of person identified in data line <030>	320-848-6641	
<b>&lt;039&gt;</b>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatel.com.com	

**<910>** Tribal Land(s) on which ETC Serves

**<920>** Tribal Government Engagement Obligation

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921>** Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922>** Feasibility and sustainability planning;
- <923>** Marketing services in a culturally sensitive manner;
- <924>** Compliance with Rights of way processes
- <925>** Compliance with Land Use permitting requirements
- <926>** Compliance with Facilities Siting rules
- <927>** Compliance with Environmental Review processes
- <928>** Compliance with Cultural Preservation review processes
- <929>** Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)									

Name of Attached Document (.pdf)



**(1100) No Terrestrial Backhaul Reporting Data Collection Form**

FCC Form 481  
OMB Control No. 3060-9886/OMB Control No. 3060-0813  
JULY 2013

<b>&lt;010&gt;</b>	Study Area Code	361425
<b>&lt;015&gt;</b>	Study Area Name	CHRISTENSEN COMM CO
<b>&lt;020&gt;</b>	Program Year	2014
<b>&lt;030&gt;</b>	Contact Name - Person USAC should contact regarding this data	Roxanne Hacker
<b>&lt;035&gt;</b>	Contact Telephone Number - Number of person identified in data line <030>	320-848-6641
<b>&lt;039&gt;</b>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetel.com

**<1120>** Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

**<1130>** Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

# 1200 Terms and Condition for Lifeline Customers

LifeLine  
Data Collection Form

PCG Form 4817  
OMB Control No. 3060-0386/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	361425
<015>	Study Area Name	CHRISTENSEN COMM CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Roxanne Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	320-848-6641
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatelcom.com

## <1210> Terms & Conditions of Voice Telephony Lifeline Plans

361425MW1210Christensen

Name of attached document (.pdf)

### <1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

☒

### <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,

☒

### <1222> Details on the number of minutes provided as part of the plan,

☒

### <1223> Additional charges for toll calls, and rates for each such plan.

(2000) Price Cap Carrier Additional Documentation  
 (Including Rate-of-Return Carriers Affiliated With Price Cap Local Exchange Carriers)

FCC Form 487  
 OMB Control No. 3045-0066/OMB Monitoring 3050-0010  
 July 2013

<010>	Study Area Code	361425
<015>	Study Area Name	CHRISTENSEN COMM CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Roxanne Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	320-848-6641
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatel.com.com

**CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.**

<2010>	Incremental Connect America Phase I reporting	
<2011>	2nd Year Certification (47 CFR § 54.313(b)(1))	
	3rd Year Certification (47 CFR § 54.313(b)(2))	

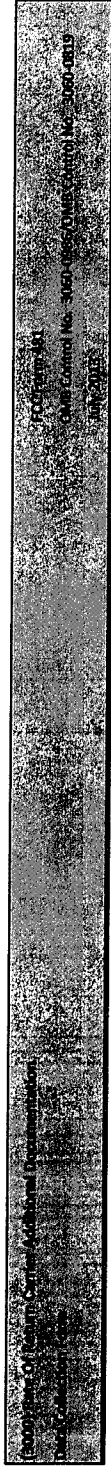
<2012>	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	
<2013>	2013 Frozen Support Certification	
<2014>	2014 Frozen Support Certification	
<2015>	2015 Frozen Support Certification	
	2016 and future Frozen Support Certification	

<2016>	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))	
	Certification Support Used to Build Broadband	

<2017>	Connect America Phase II Reporting (47 CFR § 54.313(e))	
<2018>	3rd year Broadband Service Certification	
<2019>	5th year Broadband Service Certification	
<2020>	Interim Progress Certification	

Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021>	Interim Progress Community Anchor Institutions	
	Name of Attached Document Listing Required Information	



<010>	Study Area Code	361425
<015>	Study Area Name	CHRISTENSEN COMM CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Roxanne Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	320-848-6641
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatel.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

	Progress Report on 5 Year Plan	Name of Attached Document Listing Required Information	
(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		<input type="checkbox"/>
(3011)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)
(3012)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3013)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation		<input type="checkbox"/>
(3014)	If the response is no on line 3014, is your company audited?		<input type="checkbox"/>
(3015)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input checked="" type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)
(3016)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3017)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		<input checked="" type="checkbox"/>
(3018)	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input checked="" type="checkbox"/>
(3019)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.		<input type="checkbox"/>
(3020)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3021)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3022)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3023)	Attach the worksheet listing required information		<input type="checkbox"/>
(3024)			<input type="checkbox"/>
(3025)			<input type="checkbox"/>
(3026)			<input type="checkbox"/>
	Name of Attached Document Listing Required Information	361425MN3000Christensen	

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	361425
<015> Study Area Name	CHRISTENSEN COMM CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Roxanne Hacker
<035> Contact Telephone Number - Number of person identified in data line <030>	320-848-6641
<039> Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetel.com.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010>	Study Area Code	361425
<015>	Study Area Name	CHRISTENSEN COMM CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Roxanne Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	320-848-6641
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Roxanne Hacker</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Roxanne Hacker
Name of Reporting Carrier:	CHRISTENSEN COMM CO
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/14/2013
Printed name of Authorized Officer:	Andy Hennis
Title or position of Authorized Officer:	Business Development Manager
Telephone number of Authorized Officer:	507-642-5555
Study Area Code of Reporting Carrier:	361425 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	CHRISTENSEN COMM CO
Name of Authorized Agent or Employee of Agent:	ITCI
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/14/2013
Printed name of Authorized Agent or Employee of Agent:	Roxanne Hacker
Title or position of Authorized Agent or Employee of Agent:	Regulatory Consultant
Telephone number of Authorized Agent or Employee of Agent:	320-848-6641
Study Area Code of Reporting Carrier:	361425 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

SAC: 361425

State: Minnesota

Christensen Communications Company

Form 481 Line No.: 510 Compliance with Service Quality Standards and Consumer Protection

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As required by Minnesota Administrative Rule "7812.0700 Minnesota General Service Quality Requirements, Subpart 1" the local services provided by the Christensen Communications Company are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable Minnesota Public Utility Commission orders and rules including:

7810.0100 DEFINITIONS.

7810.0200 SCOPE.

7810.0300 STATUTORY AUTHORITY.

**RECORDS AND REPORTS**

7810.0400 RETENTION OF RECORDS.

7810.0500 DATA TO BE FILED WITH THE COMMISSION.

7810.0600 REPORT TO COMMISSION ON SERVICE DISRUPTION.

7810.0900 LOCATION OF RECORDS.

**CUSTOMER RELATIONS**

7810.1000 INFORMATION AVAILABLE TO CUSTOMER AND PUBLIC.

7810.1100 COMPLAINT PROCEDURES.

7810.1200 RECORD OF COMPLAINT.

**CUSTOMER BILLING; DEPOSIT AND GUARANTEE REQUIREMENTS**

7810.1400 CUSTOMER BILLING.

7810.1500 DEPOSIT AND GUARANTEE REQUIREMENTS.

7810.1600 DEPOSIT.

7810.1700 GUARANTEE OF PAYMENT.

**DISCONNECTION OF SERVICE; SERVICE DELAY**

7810.1800 PERMISSIBLE SERVICE DISCONNECTIONS WITH NOTICE.

7810.1900 PERMISSIBLE SERVICE DISCONNECTIONS WITHOUT SERVICE.

7810.2000 NONPERMISSIBLE REASONS TO DISCONNECT SERVICE.

7810.2100 MANNER OF DISCONNECTION.

7810.2200 RECONNECTION OF SERVICE.

7810.2300 NOTICE REQUIREMENTS.

7810.2400 BILL DISPUTES.

7810.2500 ESCROW PAYMENTS.

7810.2600 WAIVING RIGHT TO DISCONNECT; EMERGENCY STATUS.

7810.2800 DELAY IN INITIAL SERVICE OR UPGRADE.

**DIRECTORIES**

7810.2900 CONTENT OF DIRECTORIES.

7810.3000 MAINTENANCE OF PLANT AND EQUIPMENT.

7810.3100 EMERGENCY OPERATIONS.



SAC: 361425

State: Minnesota

Christensen Communications Company

Form 481 Line No.: 510 Compliance with Service Quality Standards and Consumer Protection

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**ENGINEERING**

7810.3200 CONSTRUCTION OF TELEPHONE PLANT.

7810.3300 MAINTENANCE OF PLANT AND EQUIPMENT.

7810.3900 EMERGENCY OPERATIONS.

**INSPECTIONS, TESTS, SERVICE REQUIREMENTS**

7810.4100 ACCESS TO TEST FACILITIES.

7810.4300 ACCURANCE REQUIREMENTS.

7810.4900 ADEQUACY OF SERVICE.

7810.5000 UTILITY OBLIGATIONS.

7810.5100 TELEPHONE OPERATORS.

7810.5200 ANSWERING TIME.

7810.5300 DIAL SERVICE REQUIREMENTS.

7810.5400 INTEROFFICE TRUNKS.

7810.5500 TRANSMISSION REQUIREMENTS.

7810.5800 INTERRUPTIONS OF SERVICE.

7810.5900 CUTOMER TROUBLE REPORTS.

7810.6000 PROTECTIVE MEASURES.

7810.6100 SAFETY PROGRAM.

SAC: 361425

State: Minnesota

Christensen Communications Company

Form 481 Line No.: 610 Description of Functionality in Emergency Situations

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Christensen Communications Company pursuant to Minnesota Administrative Rule "7810.3900 Emergency Operations" has:

- Established reasonable provisions to meet emergencies resulting from failures of lighting or power service, sudden and prolonged increases in traffic, illness of operators or from fire, storm, or acts of God including provisions for emergency power that meet or exceed the rule requirement to provide:
  - A minimum of four hours of battery service in each central office.
  - A permanently installed power unit in exchanges exceeding 5,000 lines.
  - Mobile power units that can be delivered on short notice and which can be readily connected in offices without installed emergency power facilities.
- Has informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power in the event of emergency in order to prevent or mitigate interruption or impairment of telecommunications service.



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- Christensen Communications Company offers Lifeline Service Credit according to basic service requirements listed in **Minnesota Administrative Rule "7812.06000 – Basic Service Requirements."**

**Subpart 1. Required services.** A local service provider (LSP) shall provide, as part of its local service offering, the following to all customers within its service area:

- A. Single party voice-grade service and touch-tone capability;
  - B. 911 or enhanced 911 access;
  - C. 1 + intraLATA and interLATA presubscription and code-specific equal access to interexchange carriers subscribing to its switched access service;
  - D. Access to directory assistance, directory listings, and operator services;
  - E. Toll and information service-blocking capability without recurring monthly charges as provided in the commission's ORDER REGARDING LOCAL DISCONNECTION AND TOLL BLOCKING CHARGES, Docket No. P-999/CI-96-38 (June 4, 1996), and its ORDER GRANTING TIME EXTENSIONS AND CLARIFYING ONE PORTION OF PREVIOUS ORDER, Docket No. P-999/CI-96-38 (September 16, 1996), which are incorporated by reference, are not subject to frequent change, and are available through the statewide interlibrary loan system;
  - F. One white pages directory per year for each local calling area, which may include more than one local calling area, except where an offer is made and explicitly refused by the customer;
  - G. A white pages and directory assistance listing, or, upon customer request, a private listing that allows the customer to have an unlisted or unpublished telephone number;
  - H. Call-tracing capability according to chapter 7813;
  - I. Blocking capability according to the commission's ORDER ESTABLISHING CONDITIONS FOR THE PROVISION OF CUSTOMER LOCAL AREA SIGNALING SERVICES, Docket No. P-999/CI-92-992 (June 17, 1993) and its ORDER AFTER RECONSIDERATION, Docket No. P-999/CI-92-992 (December 3, 1993), which are incorporated by reference, are not subject to frequent change, and are available through the statewide interlibrary loan system; and
  - J. Telecommunications relay service capability or access necessary to comply with state and federal regulations.
- Christensen Communications Company Lifeline service offerings are listed in their Local Service Tariff Section 4, Pages 3-5 (attached) pursuant to **Minnesota Rule 7812.0600 Subpart 2:**

**Subpart 2. Separate flat rate service offering.** At a minimum, each LSP shall offer the services identified in subpart 1 as a separate tariff or price list offering on a flat rate basis. An LSP may also offer basic local service on a measured rate basis or in combination with other services. An LSP may impose separate charges for the services set forth in subpart 1 only to the extent permitted by applicable laws, rules, and commission orders.

- The Local Service Tariff is on file with the Minnesota Public Utility Commission.
- All Lifeline subscribers must meet the terms and conditions of Federal Lifeline Eligibility Rules.

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Christensen Communications Company does adhere to all Federal Lifeline eligibility rules and regulations as well as Minnesota Administrative Rule "7817.0400 - Eligibility for Telephone Assistance Credits" which states:

**Minnesota Administrative Rule 237 Chapter 7817.0400**

**Subpart 1. Information provided.** Each local service provider shall annually mail a notice of the availability of the telephone assistance plan to each residential subscriber in a regular billing. If a subscriber has chosen to receive the regular billing other than through U.S. mail, the local service provider shall send the notice in a regular billing using the delivery method chosen by the subscriber for delivery of the regular billing. The notice must state the following: YOU MAY BE ELIGIBLE FOR ASSISTANCE IN PAYING YOUR TELEPHONE BILL IF YOU RECEIVE BENEFITS FROM CERTAIN LOW-INCOME ASSISTANCE PROGRAMS OR MEET CERTAIN INCOME LIMITS. FOR MORE INFORMATION OR AN APPLICATION FORM PLEASE CONTACT

(local service provider). On request, the local service provider shall mail to a person an application form developed by the commission and the Department of Commerce, and a brochure that describes the telephone assistance plan's eligibility requirements and application process.

**Subpart 2. Application process.** On completing and signing the application certifying under penalty of perjury that the information provided by the applicant is true and that the statutory criteria for eligibility are satisfied, the applicant must return it to the local service provider for enrollment in the telephone assistance plan. An application may be made by the subscriber, the subscriber's spouse, or a person authorized by the subscriber to act on the subscriber's behalf.

**Subpart 4. Eligibility criteria.** To be eligible for a telephone assistance credit the applicant must:

- A. be a subscriber who resides in Minnesota or has moved to Minnesota and intends to remain; and
- B. be eligible for the federal Lifeline telephone service discount.

**Subpart 7. Applicant and recipient responsibilities.** Each applicant and each recipient shall provide current information to the local service provider about permanent changes that affect the applicant's or recipient's eligibility.

**Subpart 8. Local service provider responsibilities.**

- A. A local service provider shall begin providing telephone assistance credits to an applicant in the earliest possible billing cycle but not later than the second billing cycle following submission of a completed application demonstrating eligibility. If certified, the local service provider shall notify the applicant by, for example, placing telephone assistance credits on the bill.
- B. If an applicant is denied eligibility, the local service provider shall notify the applicant in writing of the reasons for the denial, of the right to appeal, and of the right to reapply.

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LOCAL EXCHANGE SERVICE

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LIFELINE AND MINNESOTA TELEPHONE ASSISTANCE PLAN

1. Definitions.

Lifeline is the local service offering that is available to low income consumers, for which such consumers pay reduced charges as a result of the federal support described in 47 CFR § 54.403 and Sections 6 and 7 below, and that includes the services required to be provided for federal universal service support eligibility under 47 C.F.R. § 54.101. The Telephone Assistance Plan (TAP) provides for additional state credits against the recurring monthly rates for the provision of local residential service for eligible residential subscribers.

2. Eligibility for the Federal Lifeline Credit.

a. To qualify for the federal Lifeline credit the customer must be currently eligible for:

- Medicaid;
- Food stamps;
- Supplemental Security Income;
- Federal public housing assistance; or
- Low-Income Home Energy Assistance Program.

b. Eligibility will be established by the Company obtaining from a customer a document signed by the customer certifying under penalty of perjury that the customer receives benefits from one of the above programs and identifying the program or programs from which the customer receives benefits. On the same document, a qualifying low-income customer must also agree to notify the Company if the customer ceases to participate in the program or programs.

c. When the Company is notified by the customer that the Customer no longer participates in such a program, the federal credits to that customer's monthly charges shall cease beginning with the start of the billing cycle beginning in the month after the month in which notification is received.

3. Eligibility for the State TAP Credit.

a. The state TAP credit is only available to residential subscribers who meet the eligibility criteria established by Minn. Rule, part 7817.0400, as follows:

- (1) The household must not be receiving assistance for telephone service under any other state public assistance program. Link-Up recipients, however, may be eligible for the state credit if they meet the eligibility requirements;
- (2) The customer must be 65 years of age or older, or have a disability. A persons has a disability if that person has a physical, sensory, or mental impairment which materially limits one or more major life activities;

LOCAL EXCHANGE SERVICE

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LIFELINE AND MINNESOTA TELEPHONE ASSISTANCE PLAN (TAP) (Continued)

2. Eligibility Requirements (Continued)

Individuals who do not qualify under any of the above but live on or near a federally recognized reservation may qualify if the applicant receives benefits from at least one of the following programs:

- Bureau of Indian Affairs General Assistance
  - Tribally Administered Temporary Assistance for Needy Families
  - Head Start (only for those meeting its income qualifying standard)
  - National School Lunch Program's free lunch program
- c. The applicant signs a document certifying under penalty of perjury that the applicant receives benefits from one of the programs listed and identifying the program or programs from which that consumer receives benefits.
- d. The applicant signs a document agreeing to notify the carrier if that consumer ceases to participate in the program or programs. When the company is notified by the customer that the customer no longer participates in one of the above programs, the federal credits to that customer's monthly charges shall cease beginning with the start of the billing cycle beginning in the month after the month in which notification is received.

3. Eligibility Revocation

If the telephone company discovers that conditions exist that disqualify the recipient of Lifeline Assistance, the support will be discontinued. The customer will be billed retroactively to whichever is the most recent of the dates Lifeline assistance commenced or the recipient no longer qualified for the service not to exceed 12 months.

4. Eligibility for the State TAP Credit

- a. The state TAP credit is only available to residential subscribers who meet the eligibility requirements for the Federal Lifeline Credit in 2 above.
- b. The customer must reside in Minnesota or have moved to Minnesota and intend to remain.

(D)

LOCAL EXCHANGE SERVICE

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LIFELINE AND MINNESOTA TELEPHONE ASSISTANCE PLAN (TAP) (Continued)

5. Regulations

- a. The Federal Lifeline and state TAP credit will begin at the customer's earliest possible billing cycle but no later than the second billing cycle after the date the application for the Federal Lifeline and state TAP credit is received by the telephone company.
- b. A service charge shall not be billed to establish qualification for either the Federal Lifeline or state TAP credit.
- c. When a customer enrolls for the state TAP credit, the Company is reimbursed for the cost of the service order activity.

6. Funding

The Federal Lifeline Credit is funded through the FCC universal service program. The state TAP credit shall be funded through the state Telephone Assistance Plan Surcharge on residence and business access lines which pay the 911 surcharge.

7. Rates

The surcharge rate is the effective rate ordered by the Minnesota Public Utilities Commission. The Company is responsible for billing, collecting and remitting the surcharge to appropriate government agency.

The Lifeline customer will receive a monthly credit toward their local exchange service rate. The total Federal monthly credit identified in 47 CFR 54.403 shall be used to reduce the Lifeline customer's rate, plus the state credit identified below:

State TAP Credit	\$3.50	(C)
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Toll blocking shall be included with this service offering without charge. No service deposit would be required if applicant voluntarily elects toll blocking with the initiation of Lifeline Service.



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Christensen Communications Company

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